

LIMITATIONS OF THE STUDY

The study was conducted in only one urban location. The study was limited to urban low middle -income, food-secure families with ready access to health care. The findings from this study may not apply to families in other urban and rural communities with varying levels of food insecurity and access to health care. Data were available in relatively very few school-age children and men and may not be representative of the findings in these groups. The findings may apply only to the pre-COVID pandemic period; findings may differ if the study is conducted in the COVID-19 era.

The focus of the study was on defining the magnitude and determinants of intrafamily differences.

As and when under-nourished children were detected, nutrition education regarding appropriate feeding practices, health education on seeking health care during infections were provided. The research team facilitated accessing the anganwadi food supplementation. Implementation of the interventions for these children and monitoring improvement was done by the frontline functionaries of the ICDS/health care systems according to their guidelines and practices.

As and when under-nourished or over-nourished adults were detected, appropriate nutrition and health education was provided. The research team facilitated the over-nourished person's access to health facilities. Adults accessed health facilities according to the convenience of the families. Health facilities followed their guidelines and practices for management of hypertension and diabetes.

The coverage, content and the quality and impact of these interventions provided under service conditions was not assessed.

